

3652

PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/815,878
	Filing Date	03-22-2001
	First Named Inventor	KARAPET ABLABUTYAN
	Art	3652
	Examiner	CHARLES A. FOX
Total Number of Pages in This Submission	Attorney Docket Number	23451-035

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div>Remarks</div>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Patent Appl. Fee Determination Record, Return Receipt Postcard, Certificate of Mailing

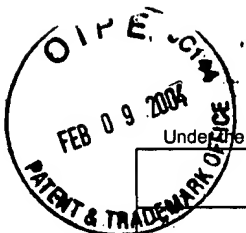
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FEB 18 2004
GROUP 3600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Manatt, Phelps & Phillips, LLP Ziye J. Zhou (Reg. No. 41,423)
Signature	
Date	February 6, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed	Sheena Hicks		
Signature		Date	February 6, 2004

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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number
09/815,878 23451-035

GROUP 3600

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	20 minus 20 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 20 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	FEE
	\$
x \$	=
x \$	=
+ \$	=
TOTAL	

RATE	FEE
	\$
x \$	= 0.00
x \$	= 0.00
+ \$	= 0.00
TOTAL	0.00

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 20	Minus	** 20	= 0
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37CFR1.16(d))				

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x \$	=
x \$	=
+ \$	=
TOTAL ADD'L FEE	0

RATE	ADDITIONAL FEE
x \$	= 0.00
x \$	= 0.00
+ \$	= 0.00
TOTAL ADD'L FEE	0.00

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	= 0
	Independent (37 CFR 1.16(b))	*	Minus	***	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37CFR1.16(d))				

RATE	ADDITIONAL FEE
x \$	=
x \$	=
+ \$	=
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
x \$	=
x \$	=
+ \$	=
TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37CFR1.16 (d))				

RATE	ADDITIONAL FEE
x \$	=
x \$	=
+ \$	=
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
x \$	=
x \$	=
+ \$	=
TOTAL ADD'L FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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